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Bib Data Sheet

CONFIRMATION NO. 3611

<b>SERIAL NUMBER</b> 10/071,787	<b>FILING DATE</b> 02/07/2002 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2173	<b>ATTORNEY DOCKET NO.</b> 2345.2034-000
<b>APPLICANTS</b> Ivar S. Helgason, Kopavogur, ICELAND; Halldor Skulason, Reykjavik, ICELAND; Thorvarour Jon Love, Reykjavik, ICELAND; Julius H. Schopka, Reykjavik, ICELAND;				
<b>** CONTINUING DATA *****</b> <i>HN</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>HN</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/11/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>HN</i> Initials	<b>STATE OR COUNTRY</b> ICELAND	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 141	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 021005				
<b>TITLE</b> Medical advice expert				
<b>FILING FEE RECEIVED</b> 3422	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	